

**INDIVIDUAL HABILITATION SERVICE PLAN (IHSP)**

DS 1961 SEP (Revised 7/2004) (Electronic Version)

TYPE OR PRINT LEGIBLY (SEE INSTRUCTIONS)

**PROVIDER (Regional Center vendor) INFORMATION**

	<b>Initial</b>	<b>Annual</b>	<b>Semi-Annual</b>	<b>DATE</b>
<b>PROVIDER NAME</b>		<b>PROVIDER NUMBER</b>		
<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>	<b>PHONE</b>	

**SUPPORTED EMPLOYMENT PROGRAM CONSUMER INFORMATION**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>UCI</b>	<b>SSN</b>
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**Supported Employment Program Objectives and Report on Consumer Progress (To be completed for IP and Group)****Semi-Annual Reports on Progress**

First Six Month Period				Second Six Month Period			
<input type="checkbox"/> Met	Comments/Summary of Achievements			<input type="checkbox"/> Met	Comments/Summary of Achievements		
<input type="checkbox"/> Partial				<input type="checkbox"/> Partial			
<input type="checkbox"/> Not Met				<input type="checkbox"/> Not Met			
<b>Work Objectives</b>		<b>Target Date</b>		<b>Services for Objective</b>			
<input type="checkbox"/> IPP Objective #							
<input type="checkbox"/> Behavior		<input type="checkbox"/> Other Work-Related					
<b>Measurement</b>				<b>Person Responsible</b>			
<b>Goal</b>				<b>Current Functioning</b>			

**SUPPORTED EMPLOYMENT PROGRAM - GROUP SERVICES INFORMATION**

<b>ATTENDANCE (%)</b>	<b>PRODUCTIVITY (%)</b>	<b>WAGES PER MONTH (Six month average)</b>
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**SUPPORTED EMPLOYMENT PROGRAM - INDIVIDUAL PLACEMENT INFORMATION**

<b>PERCENTAGE OF INTERVENTION</b>	<b>HOURS OF WORK</b>	<b>WAGES PER HOUR (Six month average)</b>
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<b>NOTICE</b>	The information provided in these documents is protected under the Health Insurance Portability and Accountability Act (45 C.F.R Parts 160, 162 and 164). Reasonable and appropriate safeguards must be implemented to protect the confidentiality and integrity of this information in any format as well as during transmission in electronic format as applicable.	The information provided in these documents is protected under the Health Insurance Portability and Accountability Act (45 C.F.R Parts 160, 162 and 164). Reasonable and appropriate safeguards must be implemented to protect the confidentiality and integrity of this information in any format as well as during transmission in electronic format as applicable.
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<b>Consumer Signature</b>	<b>Date</b>
<b>Conservator Signature</b>	<b>Date</b>

**INDIVIDUAL HABILITATION SERVICE PLAN (IHSP)**

DS 1961 SEP (Revised 7/2004) (Electronic Version) (Continuation sheet)

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Supervising Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

IHSP Participants \_\_\_\_\_

**Supported Employment Program Objectives and Report on Consumer Progress** (To be completed for IP and Group)**Semi-Annual Reports on Progress**

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